



US Department
of Transportation
**Federal Aviation
Administration**

AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION - PRIVACY ACT

The information on the accompanying form is solicited under the authority of the Federal Aviation Regulations, Part 137.
Submission of the information is mandatory.
The purpose of this information is to evaluate and establish eligibility for certification.
The data will be used for record keeping and statistical purposes.
Incomplete submission may result in delay or denial of your request.

**TEAR OFF
BEFORE USE**

**SUPPLEMENTAL
INFORMATION**

FAA Form 8710-3 (10-83)

DETACH THIS PART BEFORE USING FORM BELOW

US Department
of Transportation
**Federal Aviation
Administration****AGRICULTURAL AIRCRAFT OPERATOR
CERTIFICATE APPLICATION****INSTRUCTIONS**Submit in duplicate to the local
General Aviation District Office.

1. APPLICATION FOR	TYPE		FOR DISPENSING (Check one)		ORIGINAL
	PRIVATE		ECONOMIC POISONS		AMENDMENT
	COMMERCIAL		OTHER THAN ECONOMIC POISONS		REISSUANCE
2. NAME AND ADDRESS OF APPLICANT			3. PRINCIPAL OPERATIONS BASE (Airport, City, State)		
TELEPHONE NUMBER			TELEPHONE NUMBER		
2. OPERATING AS	INDIVIDUAL	OTHER (Specify)	5. NAME OF CHIEF SUPERVISOR OF OPERATIONS IF OTHER THAN SHOWN IN ITEM 2. (COMMERCIAL OPERATIONS ONLY) (First) (Middle Initial) (Last)		
	CORPORATION				
	PARTNERSHIP				
6. AIRMAN CERTIFICATE HELD			CERTIFICATE NUMBER		
GRADE		RATINGS			
PRIVATE	ASEL	AMES	TYPE RATING(S) (Specify)		
COMMERCIAL	AMEL	HELICOPTER			
AIRLINE TRANSPORT	ASES	GYROPLANE			
7A. DO YOU HOLD A CURRENTLY EFFECTIVE CERTIFICATE OF WAIVER FOR CONDUCTING AGRICULTURAL AIRCRAFT OPERATIONS?					NO
					YES (Complete 7B)
7B. WAIVER HELD	DATE ISSUED	EXPIRATION DATE	FAA DISTRICT OFFICE WHERE ISSUED		
8. AGRICULTURAL AIRCRAFT TO BE OPERATED					
MAKE	MODEL	EQUIPPED FOR		TOTAL NUMBER EACH AIRCRAFT OPERATED	REGISTRATION MARK (List one)
		LIQUID	SOLID		
9. LIST THE NAME(S) AND AIRMAN CERTIFICATE NUMBER OF AGRICULTURAL PILOT(S) WORKING FOR YOU AT THE PRESENT TIME (Use separate sheet and attach if additional space is needed.)					
NAME		CERT. NO.	NAME		CERT. NO.
10. REMARKS					
11. CERTIFICATION: I CERTIFY THAT STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT.					
DATE	TITLE		SIGNATURE		

INSPECTION REPORT - For FAA Use Only*(To be completed by the General Aviation for Flight Standards District Office)***COMPLIANCE WITH APPLICABLE REGULATIONS**

1. PILOTS	NOT REQUIRED	SATISFACTORY	UNSATISFACTORY
A. CERTIFICATES			
B. RATING(S)			
C. KNOWLEDGE TEST			
D. SKILL TEST			
2. AIRCRAFT			
A. CERTIFICATED			
B. AIRWORTHY			
C. EQUIPPED FOR AGRICULTURAL OPERATIONS			

10. REMARKS *(Include an explanation of denial if application is disapproved).***4. DISTRICT OFFICE ACTION**

	CERTIFICATE ISSUED	INSPECTORS SIGNATURES
	APPLICATION DISAPPROVED	
DATE INSPECTION COMPLETED		